reaching the left heart, would excite it to those frequent and irregular contractions which accompany the respiratory distress, but, frequent and irregular, they would be also ineffectual, red blood would begin again to accumulate in the left heart, the pulmonary veins, and the lungs, till at last these capillaries would contain little else, and the exciting cause of inspiration, the venous blood, being no longer present, the act itself would again cease. Precisely similar conditions might, it seems to me, be supplied by fatty degeneration, for if it were—as I believe is often the case—somewhat more advanced in the left than in the right ventricle; or if, in addition to fatty degeneration, disease of the valves or atheromatous deposit in the aorta were present, the balance between the two sides of the heart would be destroyed. In Dr. Cheyne's original case, indeed, it is mentioned that the aorta was studded with steatomatous and earthy concretions."—*Brit. and For. Med.-Chir. Rev.*, October, 1868, from *Dublin Quart. Journ. Med. Sc.*, August, 1868.

33. *Spindle-shaped Enlargement of the Œsophagus.*—H. V. LUSCHKA describes in *Virchow's Archiv.*, xlii., a somewhat unique case of enlargement of the œsophagus unconnected with contraction of the cardiac orifice of the stomach. The patient, a woman fifty years of age, had possessed from her fifteenth year the power of ejecting voluntarily the contents of her stomach. After death it was found that her œsophagus measured forty-six Cntr.; the normal length being twenty-nine Cntr. Its medium circumference was fourteen and a half Cntr. while at the seat of enlargement it measured thirty Cntr. in circumference. Its muscular coat exhibited a considerable degree of hypertrophy; the mucous coat presented the evidence of its having been the seat of a high grade of catarrh.—*Centralblatt f. d. Medicinisch. Wissenschaften*, May. 1868.

D. F. C.

34. *Atrophy of the Heart.*—The following general results are presented by Dr. N. FINN, of the Pathologico-Anatom. Institute of St. Petersburg, as having been derived from the examination of one hundred hearts.

1. Simple atrophy is never developed as the only morbid condition. It is unattended by a morbid condition of the cardiac bloodvessels.
2. Neither the absolute or relative weight of the heart, thickness of its walls, nor their reduced circumference can be received as a certain indication of the presence of atrophy of the organ.
3. The brown atrophy of the heart, so-called from a morbid change in the colouring matter of the muscular tissue, is a common accompaniment of all diseases attended with great emaciation.
4. Fatty degeneration of the heart (fatty infiltration) occurs chiefly in persons who have a large development of the subcutaneous adipose tissue; the infiltration is often to such an extent as to prove troublesome.
5. Fatty degeneration of the heart occurs as an acute or a chronic affection. It is observed more frequently on the right than on the left side of the organ. In some cases the entire substance of the walls of the ventricle are affected, in others only a portion. In the chronic form there is always atheromatous degeneration of the cardiac bloodvessels. The *arcus senilis* is never met with in cases of fatty degeneration of the heart.—*Centralblatt f. d. Medicinisch. Wissenschaften*, Aug. 1868. D. F. C.

35. *Additions to Pathology of the Vascular and Pulmonary Systems.*—Dr. CHARLES R. FRANCIS, in an interesting paper in the *Indian Medical Gazette*, points to fatty degeneration of the heart as a great source of mortality in India. Sometimes it is a cause of death *per se* of awful suddenness, but it may also be the determining cause of death after operation and in the course of (otherwise not mortal) disease. It affects the private soldier more than the officer, because, although both may eat too much, drink too much alcohol, and sleep too much without taking exercise habitually, yet the officer at times gets off to the hills, burns off his superfluous carbon, and exercises his muscular tissue. One great cause Dr. Francis believes to be diminished function of the lungs. That there is diminished function of the lungs in hot climates admits, he says, of remarkable

proof. *They become lessened in bulk.* Dr. Francis was much struck with the comparative lightness of the lungs of persons who had died of cholera. In order to test the value of this fact, in reference to Dr. G. Johnson's well-known theory of spasm of the pulmonary arteries in cholera, he tested the actual weight of the lungs of *all* Europeans dying in India, and found that in almost every case they weighed little more than 30 oz., whilst the normal weight, according to Clendinning, is from 42 to 45 oz. This opens up a new chapter in the cholera controversy.—*Medical Times and Gazette*, Aug. 15, 1868.

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36. *Fibroid Phthisis.*—Dr. ANDREW CLARK communicated to the Clinical Society (Feb. 28, 1868) the following case:—

A woman, aged 28, four years married, childless, sprung from healthy parents, said to have been temperate, and to have enjoyed good health till three years before, when she had ascites, from which she recovered in eleven months, began, in July, 1867, to suffer from vomiting, prostration, cough, occasional hæmoptysis, muco-purulent expectoration containing lung-tissue, œdema of extremities, and intermitting diarrhœa, and, becoming rapidly worse, died comatose on December 5 of same year. *Respiratory organs:* On account of weakness of patient, front and lateral parts of chest alone examined. Respirations 20 per minute, and chiefly abdominal. *Examination of left side:* Front depressed, and movement slight. Supra-clavicular region percussion tympanitic; breath sounds blowing; resonance bronchophonic, with echo. From second to fifth rib, and from near sternum to posterior part of axillary region, hard resistent dulness, with considerable retraction of chest-wall. In front of this region, inspiration bronchial, and accompanied by moist subcrepitant râles; expiration dry and not sensibly prolonged. In axillary region breath sounds tubular, and partly masked by coarse crepitation; vocal resonance bronchophonic. At two spots breathing cavernous and voice pectoriloquous; here metallic click is heard coincident with heart's contractions. Along posterior axillary line an occasional creaking-leather sound is heard, and vocal fremitus and vocal resonance are notably diminished. Over lower part of lung, inspiratory murmur harsh; and expiratory murmur, which in its first half is blowing, terminates only after apparent cessation of movements of thoracic walls by a few gentle puffs. A fine dry crepitation is developed by forced inspiration. Ultimately in this region there were uniform dulness, tubular breathing, and bronchophony. *Examination of right lung:* Percussion over anterior third tympanitic; elsewhere normal. Inspiratory murmur harsh and divided; expiratory prolonged, blowing, and accompanied by sibilant rhonchi; vocal resonance increased. No distress of breathing. Cough infrequent, but paroxysmal, and ending in vomiting. Expectoration occurs at close of paroxysms. Sputum muco-purulent, streaked with pigment, and not lumpy. Bands and areolæ of elastic tissue present. *Circulatory organs:* Apex beat at upper border of fourth rib, just outside nipple. Visible pulsatile movement (nearly synchronous with ventricular contraction) in second intercostal space an inch and a half from left border of sternum. Low-pitched systolic murmur at cartilage of second left rib; can be followed a little way upwards and outwards, but not downwards, or to right side; it is increased by deep inspiration, and modified by position. Pulse 74, small. *Summary of post-mortem examination:* Heart small, and displaced upwards; no valvular disease; origin of vessels compressed by solidified lung, with pericardium adherent to it. Right lung, with the exception of some vesicular emphysema and some thickening and congestion of the bronchial mucous membrane, absolutely free from disease. Left lung universally adherent, diminished in bulk, and about its middle third, dense and fibrous. When cut open, the summit was seen to be free from disease. The inferior part was traversed by fibrous septa, some of which, pursuing a horizontal direction, occupied the place of the bronchi and bloodvessels: some, intersecting, occupied the place of the interlobular areolar tissue. Imprisoned portions of lung contained cheesy deposits, at parts broken up into cavities. Several bronchial tubes were dilated, and terminated in ulcerous dilatations. No gray granulation anywhere to be found. Bronchial glands enlarged and cheesy. Liver very large and waxy. Capsule of spleen much thickened. Kidneys granular, and capsule adherent.